

Public Employees' Retirement Board — Candidate Campaign Statement

CALIFORNIA
FORM 900

A candidate running for an elective seat on the Board of Administration of the Public Employees' Retirement System, including an incumbent running for reelection, is required to file Form 900 in connection with the election. **Contact the CalPERS Board for an election schedule, including Form 900 filing deadlines.**

- A pre-election statement is due no later than two days before the first day of the ballot period.

Disclose contributions received and expenditures made through five days before the beginning of the ballot period.

- If a runoff election is held, a pre-runoff statement is due no later than two days before the beginning of the runoff ballot period.

Disclose contributions received and expenditures made from the day after the closing date of the pre-election statement through five days before the beginning of the runoff ballot period.

- A post-election statement is due no later than January 10 of the calendar year following the election.

Disclose contributions received and expenditures made from the day after the closing date of the pre-election statement (or if applicable, the pre-runoff statement) through December 31.

In case of a special election, contact the CalPERS Board for filing dates and reporting periods.

If no contributions have been received and no expenditures have been made, complete and file the cover page and the summary page and discard the schedules.

Where to File:

File an originally signed Form 900 and one copy with:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467
or
1500 11th Street, Room 495
Sacramento, CA 95814

And file one copy with:

Executive Officer
CalPERS
P.O. Box 942707
Sacramento, CA 94229-2707
or
400 P Street, Room 3340
Sacramento, CA 95814

Form 900 may be sent by first class mail or personally delivered on the filing deadline.

This form was prepared by the Fair Political Practices Commission (FPPC). Additional information and campaign reporting forms are available on the FPPC website (www.fppc.ca.gov).

Privacy Information Notice

Information requested on all FPPC forms is used by the FPPC to administer and enforce the Political Reform Act (Government Code sections 81000-91014 and California Code of Regulations sections 18109-18997). All information required by these forms is mandated by the Political Reform Act. Failure to provide all of the information required by the Act is a violation subject to administrative, criminal or civil prosecution. All reports and statements provided are public records open for public inspection and reproduction. If you have any questions regarding this Privacy Notice or how to access your personal information, please contact the FPPC at:

Manager, Filing Officer Programs
428 J Street, Suite 620
Sacramento, CA 95814
(916) 322-5660

Public Employees' Retirement Board — Candidate Campaign Statement

COVER PAGE

Type or print in ink.

Type of Statement

- ☐ Pre-Election Campaign Statement
☐ Pre-Runoff Election Campaign Statement
☐ Post-Election Campaign Statement
☐ Amendment (explain) _____

Year of election:

Statement covers period

from _____

through _____

Date Stamp

**CALIFORNIA
FORM****900**

Page _____ of _____

For Official Use Only

1. Candidate InformationNAME OF CANDIDATE

_____RESIDENCE OR BUSINESS ADDRESS (NO. AND STREET)

_____CITY STATE ZIP CODE

_____AREA CODE/DAYTIME PHONE

_____OPTIONAL: AREA CODE/FAX NUMBER E-MAIL ADDRESS

_____**2. Committee Information** (Complete this section
if you have filed a Form 410, Statement of Organization)

I.D. NUMBER

COMMITTEE NAME

_____STREET ADDRESS

_____CITY STATE ZIP CODE AREA CODE/PHONE

_____NAME OF TREASURER

_____ADDRESS OF TREASURER

_____CITY STATE ZIP CODE AREA CODE/PHONE

_____OPTIONAL: FAX / E-MAIL ADDRESS

_____**Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATEBy _____
SIGNATURE OF TREASURERExecuted on _____
DATEBy _____
SIGNATURE OF CANDIDATE

Reporting Instructions:

- Check the box indicating whether this is the **Pre-Election, Pre-Runoff Election, or Post-Election campaign statement**, and enter the period covered by the statement and the year of the election. Contact the CalPERS Board for filing dates and periods covered.
- If a previously filed statement contains errors or omissions, an amendment must be filed. There is no deadline for filing amendments; however, they should be filed as soon as possible.

To amend a previously filed statement, complete a new Form 900 Cover Page, check the box indicating **which** statement is being amended, and enter the period covered by that statement and the year of the election. Also check the Amendment box, provide a brief explanation of the amendment, and attach the amended information.

Committee Information:

A candidate who raises or spends \$1,000 or more in a calendar year qualifies as a “committee” under the Political Reform Act and must file a Statement of Organization (Form 410). If this has been done, complete Part 2 of the Cover Page.

Verification:

The candidate must sign the verification. If a committee treasurer has been designated, the treasurer also must sign the statement. An unsigned form is not considered filed and may result in late filing penalties.

Summary Page

SUMMARY PAGE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from _____ through _____	CALIFORNIA FORM 900 Page _____ of _____ I.D. NUMBER (If applicable)
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SEE INSTRUCTIONS ON REVERSE

NAME OF CANDIDATE

Contributions Received

1. Total Contributions Received -- Pre-Election Period (Schedule A, Line 3 of Pre-Election Campaign Statement)	\$
2. Total Contributions Received -- Pre-Runoff Period (If applicable) (Schedule A, Line 3 of Pre-Runoff Campaign Statement)	\$
3. Total Contributions Received -- Post-Election Period (Schedule A, Line 3 of Post-Election Campaign Statement)	\$
4. Total Contributions Received All Periods	\$

Expenditures Made

1. Total Expenditures Made -- Pre-Election Period (Schedule B, Line 3 of Pre-Election Campaign Statement)	\$
2. Total Expenditures Made -- Pre-Runoff Period (If applicable) (Schedule B, Line 3 of Pre-Runoff Campaign Statement)	\$
3. Total Expenditures Made -- Post-Election Period (Schedule B, Line 3 of Post-Election Campaign Statement)	\$
4. Total Expenditures Made All Periods	\$

After completing Schedules A and B, complete the Summary Page as follows:

Pre-Election Campaign Statement:

Enter the total amount of contributions received during the **pre-election** reporting period on Line 1 under Contributions Received (from the Schedule A summary, Line 3), or enter zero if no contributions were received.

Carry the figure on Line 1 to Line **4**.

Do the same for expenditures using the information reported on Schedule B.

Pre-Runoff Campaign Statement:

If a runoff election is held, enter the total amount of contributions received during the **pre-election** reporting period on Line 1 (from the **Pre-Election** Campaign Statement Summary Page, Contributions Received, Line **4**), or enter zero if no contributions were received.

Enter the total amount of contributions received during the **pre-runoff** reporting period on Line 2 (from the Schedule A summary, Line 3), or enter zero if no contributions were received.

Enter the total of Lines 1 and 2 on Line **4**.

Do the same for expenditures using the information reported on Schedule B.

Post-Election Campaign Statement:

Enter the total amount of contributions received during the pre-election reporting period on Line 1 (from the Pre-Election Campaign Statement Summary Page, Contributions Received, Line 4), or enter zero if no contributions were received.

If a runoff election was held, enter the total amount of contributions received during the pre-runoff reporting period on Line 2 (from the Pre-Runoff Election Campaign Statement Summary Page, Contributions Received, Line 2), or enter zero if no contributions were received.

Enter the total amount of contributions received during the post-election reporting period on Line 3 (from the Schedule A Summary, Line 3), or enter zero if no contributions were received.

Enter the total of Lines 1, 2, and 3 on Line 4.

Do the same for expenditures using the information reported on Schedule B.

Schedule A Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from _____

through _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF CANDIDATE

I.D. NUMBER (If applicable)

DATE RECEIVED	FULL NAME, STREET ADDRESS, AND ZIP CODE OF CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE	TYPE OF CONTRIBUTION
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
SUBTOTAL			\$		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2.) **TOTAL \$** _____

Instructions for Schedule A Contributions Received

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All contributions received in connection with the election must be reported on Schedule A, including:

- Monetary contributions (including loans).
- Payments made from the candidate's personal funds in connection with the election. (If the candidate is required to open a campaign bank account, deposit personal funds in the account before spending them.)
- Nonmonetary contributions of goods or services. Examples: 1) A contributor prints flyers and gives them to the candidate or the candidate's agent for distribution, or provides postage for a mailing. 2) A contributor sends a mailing supporting the candidate's election and consults or coordinates with the candidate or the candidate's agent prior to sending the mailing.

Reporting Requirements:

Itemize each person or entity that has contributed a cumulative total of \$100 or more during the calendar year. (Note: If this is the first campaign statement, include any contributions received in connection with the election prior to January 1.)

Report the name, street address, city, state, and zip code of each \$100 contributor, and the amount contributed during the current reporting period. Also report the cumulative amount received from the contributor since January 1 or from the date the first contribution was received from the contributor, if prior to January 1.

Contributions of less than \$100 received from a single contributor are totaled and reported as a lump sum on Line 2 of the Schedule A Summary.

Nonmonetary Contributions:

The reportable value of a nonmonetary contribution is its "fair market value," i.e., the amount it would cost to purchase the goods or services on the open market.

Date Received:

A monetary contribution has been received when the candidate or the candidate's agent receives or obtains control of the check or other negotiable instrument.

A nonmonetary contribution has been received on the earlier of the following: 1) the date the contributor made an expenditure for goods or services at the candidate's behest (in consultation or coordination with the candidate or the candidate's agent); or 2) the date the candidate or agent obtained possession or control of the goods or services.

Report January 1 as the date received for contributions received prior to January 1.

Type of Contribution:

Check one box to indicate whether the contribution was a monetary contribution, a loan, or a nonmonetary contribution. In the case of a nonmonetary contribution, also provide a brief description of the goods or services received.

Intermediaries:

If a contribution of \$100 or more is received through an intermediary (i.e., a contribution check is received from a person other than the true source of the funds), disclose all of the required information for both the intermediary and the actual contributor.

Notice to Major Contributors:

If contributions totaling \$5,000 or more are received from a single individual or entity, a written notice must be sent to the contributor that they may need to file a campaign statement. See FPPC Regulation 18427.1 for detailed information and required language.

Schedule A (Continuation Sheet)
Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from _____
through _____

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Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF CANDIDATE

I.D. NUMBER (If applicable)

DATE RECEIVED	FULL NAME, STREET ADDRESS, AND ZIP CODE OF CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE	TYPE OF CONTRIBUTION
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)
					<input type="checkbox"/> Monetary <input type="checkbox"/> Loan <input type="checkbox"/> Nonmonetary (describe)

SUBTOTAL			\$	
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Schedule B Expenditures Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B

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SEE INSTRUCTIONS ON REVERSE

NAME OF CANDIDATE

Statement covers period

from _____

through _____

Page _____ of _____

I.D. NUMBER (If applicable)

CODES: If one of the following codes accurately describes the expenditure, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals
TRS staff/spouse travel, lodging and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

DATE	NAME AND STREET ADDRESS OF PAYEE	CODE	OR	DESCRIPTION OF EXPENDITURE	AMOUNT PAID

SUBTOTAL \$

Schedule B Summary

- Expenditures made this period of \$100 or more. (Include all Schedule B subtotals.) \$ _____
- Unitemized expenditures made this period of under \$100 \$ _____
- Total expenditures made this period. **TOTAL \$** _____

Instructions for Schedule B Expenditures Made

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All expenditures must be reported on Schedule B. (If the candidate is not required to open a campaign bank account, payments made from the candidate's personal funds should be reported as nonmonetary contributions on Schedule A.)

Reporting Requirements:

For each expenditure of \$100 or more made during the reporting period, report the name, street address, city, state, and zip code of the payee and the amount paid during the period.

Expenditures of less than \$100 during the period are reported as a lump sum on Line 2 of the Schedule B Summary. However, if two or more expenditures under \$100 were made for a single product or service and the total paid during the period was \$100 or more, itemize the total amount paid during the period.

Date of Expenditure:

An "expenditure" is made on the date the payment is made or the date the goods or services purchased were received, whichever is earlier. Report all expenditures made during the period, whether or not the payment has been made (i.e., payments and unpaid bills). If an unpaid bill is reported during the first reporting period, do not report it again when the payment is made.

Code or Description of Payment:

If one of the codes listed on Schedule B fully describes the expenditure, enter the code. If none of the codes fully explains the expenditure, leave the "Code" column blank and enter a brief description of the goods or services purchased in the "Description of Expenditure" column.

Expenditures by Agents or Independent Contractors:

When expenditures are made to an agent or independent contractor (e.g., a campaign worker, advertising agency, campaign management firm) that has made payments of \$500 or more on behalf of the campaign ("subvendor payments"), the subvendor payments also must be disclosed.

Disclose the name, address, and amount paid to the agent or independent contractor during the reporting period on Schedule B. Then disclose the name and address of each subvendor that received \$500 or more during the period from the agent/independent contractor, along with a code or description for each payment. Disclose the amount paid to each subvendor in the "Description of Payment" column and do not include the amount in the Schedule B Summary.

Schedule B (Continuation Sheet) Expenditures Made

SCHEDULE B (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from _____ through _____	CALIFORNIA FORM 900
Page _____ of _____	I.D. NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE
NAME OF CANDIDATE

CODES: If one of the following codes accurately describes the expenditure, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals
IND	independent expenditure supporting/opposing others (explain)	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

DATE	NAME AND STREET ADDRESS OF PAYEE	CODE	OR	DESCRIPTION OF EXPENDITURE	AMOUNT PAID

SUBTOTAL \$